

State: IDAHO

DEFINITION OF SERVICES (con't)

- B. _____ Adult companion service providers may be members of the recipient's family. Payment will not be made for services furnished to a minor by the recipient's parent (or stepparent), or to a recipient by the recipient's spouse. Payment will not be made for services furnished to a recipient by a person who is legally or financially responsible for that recipient.

Check one:

1. _____ Family members who provide adult companion services must meet the same standards as other adult companion providers who re unrelated to the recipient. These standards are found in Appendix C-2.
2. _____ Standards for family members who provide adult companion services differ from those for other providers of this service. The standards for adult companion services provided by family members are found in Appendix C-2.

p. Attendant Care. (Check one.)

Hands-on care, of both a medical and non-medical supportive nature, specific to the needs of a medically stable, physically handicapped individual. This service may include skilled medical care to the extent permitted by State law. Housekeeping activities which are incidental to the performance of the client-based care may also be furnished as part of this activity.

_____ Other Service Definition: _____

Check all that apply:

1. _____ Supervision will be provided by a Registered Nurse, licensed to practice in the State. The frequency and intensity of supervision will be specified in the ICCP.

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2. _____ Supervision may be furnished directly by the client, when the client has been trained to perform this function, and when the safety and efficacy of client-provided supervision has been certified in writing by a registered nurse or otherwise as provided in State law. This certification must be based on observation of the client and the specific attendant care provider, during the actual provision of care. Documentation of this certification will be maintained with the client's ICCP.
3. _____ Other supervisory arrangements: _____

Check one:

1. _____ This service is provided to eligible individuals without limitations on the amount or duration of services furnished.
2. _____ The State will impose the following limitations on the provision of this service (specify): _____

Provider qualifications are specified in Appendix C-2.

q. _____ Private Duty Nursing. (Check one.)

_____ Private Duty Nursing services consist of individual and continuous care (in contrast to part time or intermittent care) provided by licensed nurses within their scope of practice under State law.

_____ Other Service Definition: _____

Check one:

1. _____ Private duty nursing services are limited to services provided in the individual's home or place of residence.

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2. _____ Private duty nursing services are not limited to services provided in the individual's home or place of residence.

Check one:

- A. _____ Services may also be provided in the following locations (Specify):

- B. _____ The State will not place limits on the site of private duty nursing services.

Check one:

1. _____ This service is provided to eligible individuals without limitations on the amount or duration of services furnished.

2. _____ The State will impose the following limitations on the provision of this service (specify):

- r. _____ Extended State Plan Services. The following services are available under the State plan, but with limitations. Under this benefit, these services will be provided in excess of the limitations otherwise specified in the plan. Provider standards will remain unchanged from those otherwise indicated in the State plan. When these services are provided as home and community care, the limitations on each service will be as specified in this section.

1. _____ Physician services.

Check one:

- A. _____ This service is provided to eligible individuals without limitations on the amount or duration of services furnished.

- B. _____ The State will impose the following limitations on the provision of this service (specify):

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- A. _____ This service is provided to eligible individuals without limitations on the amount or duration of services furnished.

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B. _____ The State will impose the following
limitations on the provision of this
service (specify): _____

6. _____ Prescribed Drugs

Check one:

A. _____ This service is provided to eligible
individuals without limitations on the
amount or duration of services furnished.

B. _____ The State will impose the following
limitations on the provision of this
service (specify): _____

8. _____ Other services (specify): _____

Provider standards for each "other" services identified are
found in Appendix C-2.

TN No. 013.7
Supersedes _____ Approval Date _____ Effective Date _____
TN No. _____

Revision: HCFA-PM-92- 7 (MB)
October 1992

APPENDIX C2 TO
SUPPLEMENT 2
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PROVIDER QUALIFICATIONS

- a. The following are the minimum qualifications for the provision of each home and community care service under the plan.

LICENSURE AND CERTIFICATION CHART

Cite relevant portions of State licensure and certification rules as they apply to each service to be provided.

| SERVICE | PROVIDER TYPE | LICENSURE | CERTIFICATION |
|--|---------------|-----------|---------------|
| HOMEMAKER | | | |
| HOME HEALTH AIDE | | | |
| CHORE SERVICES | | | |
| PERSONAL CARE | | | |
| NURSING CARE | | | |
| RESPITE CARE | | | |
| IN HOME | | | |
| FACILITY BASED | | | |
| FAMILY TRAINING | | | |
| ADULT DAY CARE | | | |
| DAY TREATMENT/ PARTIAL HOSPITALIZATION | | | |
| PSYCHOSOCIAL REHABILITATION | | | |
| CLINIC SERVICES | | | |

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PROVIDER QUALIFICATIONS (con't)

| SERVICE | PROVIDER TYPE | LICENSURE | CERTIFICATION |
|--|---------------|-----------|---------------|
| HABILITATION | | | |
| RESIDENTIAL | | | |
| DAY | | | |
| ENVIRONMENTAL MODIFICATIONS | | | |
| TRANSPORTATION | | | |
| MEDICAL EQUIPMENT AND SUPPLIES | | | |
| PERSONAL EMERGENCY RESPONSE SYSTEMS | | | |
| ADULT COMPANION | | | |
| ATTENDANT CARE | | | |
| PVT DUTY NURSING | | | |

Identify any licensure and certification standards applicable to the providers of "other" services defined in Appendix C-1 on a separate sheet of paper. Attach the paper to this Appendix.

Identify any additional standards applicable to each service on a separate sheet of paper. Attach the paper to this Appendix.

b. ASSURANCE THAT REQUIREMENTS ARE MET

1. The State assures that the standards of any State licensure or certification requirements are met for services or for individuals furnishing services that are provided under this section.
2. The State will require each provider furnishing services under this section to furnish proof that all applicable requirements for service provision, specified in this Appendix, are met prior to the provision of services for which FFP is claimed.
3. The State assures that it will review each provider at least once a year, to ensure that provider requirements continue to be met.

c. PROVIDER REQUIREMENTS APPLICABLE TO ALL SERVICES

In addition to standards of licensure and certification, each individual furnishing services under this section must demonstrate the following to the satisfaction of the State:

1. Familiarity with the needs of elderly individuals. The degree of familiarity must be commensurate with the type of service to be provided.

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2. If the provider is to furnish services to individuals with Alzheimer's Disease or to recipients with other mental impairments, familiarity with the course and management of this disease, commensurate with the type of service to be provided.
3. The provider must furnish proof of sufficient ability to communicate with the client or primary caregiver. To be considered sufficient, this ability must be commensurate with the type of service to be provided.
4. Each provider must have received training, appropriate to the demands of the service to be provided, in proper response to emergency situations. This training must include instruction in how to contact the client's case manager.
5. Each provider must be qualified by education, training, experience and/or examination in the skills necessary for the performance of the service.
6. Providers may meet these standards by the following methods:
 - A. Education, including formal degree requirements specified in the provider qualifications for the service to be furnished.
 - B. Specific course(s), identified in the provider qualifications for the service to be furnished.
 - C. Documentation that the provider has completed the equivalent of the course(s) identified in item c.6.B, above.
 - D. Training provided by the Medicaid agency or its designee.

The Medicaid agency or its designee will also make this training available to unpaid providers of service.

Yes

No
 - E. Appropriate experience (specified in the provider qualifications for the applicable service) which may substitute for the education and training requirements otherwise applicable.
 - F. The provider may demonstrate competence through satisfactory performance of the duties attendant upon the specified service. With regard to particular providers, and particular services, the State may also choose to require satisfactory completion of a written or oral test. Test requirements are included in the provider requirements applicable to the specific service.

Specific standards of education, training, experience, and/or demonstration of competence applicable to each service provided are attached to this Appendix.

d. PROVIDER REQUIREMENTS SPECIFIC TO EACH SERVICE

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In addition to the licensure and certification standards cited in Appendix, the State will impose the following qualifications for the providers of each service.

| SERVICE | MINIMUM QUALIFICATIONS OF PROVIDERS |
|---------------------------------------|---|
| HOMEMAKER | |
| HOME HEALTH AIDE | Providers of Home Health Aide services meet the qualifications set forth at 42 CFR Part 484 for the provision of this service under the Medicare program. Additional qualifications: |
| CHORE SERVICES | |
| PERSONAL CARE | |
| NURSING CARE | |
| RESPIRE CARE IN HOME | |
| FACILITY BASED | |
| FAMILY TRAINING | |
| ADULT DAY CARE | |
| DAY TREATMENT/PARTIAL HOSPITALIZATION | Day treatment/partial hospitalization services are furnished by a hospital to its outpatients, or by a community mental health center. They are furnished by a distinct and organized ambulatory treatment center which offers care less than 24 hours a day. |
| PSYCHOSOCIAL REHABILITATION | |
| CLINIC SERVICES | |
| HABILITATION GENERAL STANDARDS | |
| RESIDENTIAL HABILITATION | |
| DAY HABILITATION | |

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| SERVICE | <u>MINIMUM QUALIFICATIONS OF PROVIDERS</u> |
|--|--|
| ENVIRONMENTAL MODIFICATIONS | |
| TRANSPORTATION | |
| MEDICAL EQUIPMENT AND SUPPLIES | |
| PERSONAL EMERGENCY RESPONSE SYSTEMS | |
| ADULT COMPANION | |
| ATTENDANT CARE | |
| PVT DUTY NURSING | |

Identify the provider requirements applicable to the providers of each "other" service specified in Appendix C-1 on a separate sheet of paper. Attach the paper to this Appendix.

TN No. 93-7
Supersedes _____ Approval Date _____ Effective Date _____
TN No. _____